MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869069

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND	DEP.
1	1		1				51						
2		1		1			52						
3		2	1				53						
4		2		1			54						
5		4		1			55						
6		4		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13	1		1				63						
14		1		1			64						
15		2	1				65						
16		2		1			66						
17		3		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		2					TOTAL IND.						
TOTAL DEP.		20					TOTAL DEP.						
TOTAL CLAIMS		22					TOTAL CLAIMS						

PTO-1360 (3-78)

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